

**RPMS Behavioral Health GUI (Patient Chart)**  
**Pre-Implementation Guide**  
**Business Process and Clinical Issues**

**Date:**

**Facility Name/Address:**

**Facility Phone Number:**

**BH Program Manager:**

**RPMS Site Manager:**

**Implementation Team**

| Staff member | Position | Telephone # | E-mail |
|--------------|----------|-------------|--------|
|              |          |             |        |
|              |          |             |        |
|              |          |             |        |
|              |          |             |        |
|              |          |             |        |
|              |          |             |        |

**General Site Questions**

|  |  |   |
|--|--|---|
| Types of Services Provided<br>(check all that apply)   | Mental Health <input type="checkbox"/><br>Substance Abuse <input type="checkbox"/><br>Medical Social Services <input type="checkbox"/> | Outpatient <input type="checkbox"/><br>Inpatient <input type="checkbox"/><br>Residential <input type="checkbox"/> |
| Satellite Clinics – location & types of services provided.   |  |   |
| Does the program currently use RPMS?   | Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:  |   |
| Is the BH program located within a Primary Care setting?   | Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:  |   |
| Will there be multiple behavioral health programs (e.g. tribal A/SA, IHS Mental Health, etc.) using the BH GUI at the same location? | Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:  |   |

**RPMS Behavioral Health GUI (Patient Chart)**  
**Pre-Implementation Guide**  
**Business Process and Clinical Issues**

**Business Practices**

|  |   |
|--|---|
| Is there a policy and procedure in place for use of a BH electronic health record , e.g. the RPMS BH GUI?  | Yes <input type="checkbox"/> No <input type="checkbox"/> Comment: |
| Is the Medical Records department aware that the RPMS BH GUI will be deployed? If so, are the familiar with the electronically generated BH encounter forms? | Yes <input type="checkbox"/> No <input type="checkbox"/> Comment: |
| How are client contacts currently documented?  |   |
| Documentation status at this time (current, backlogged by # of days or months)?  |   |
| Internal standards regarding documentation (All client contacts documented within 24 hrs, 2 days, etc.)?   |   |
| Will Providers be doing direct data entry?   | Yes <input type="checkbox"/> No <input type="checkbox"/> Comment: |
| Do Providers have adequate keyboarding skills?   | Yes <input type="checkbox"/> No <input type="checkbox"/> Comment: |
| Are behavioral health clients checked-in using an electronic check-in process (e.g. RPMS PIMS)?  | Yes <input type="checkbox"/> No <input type="checkbox"/> Comment: |
| If Yes to above, is a visit created at check-in (site parameter within PIMS)?  | Yes <input type="checkbox"/> No <input type="checkbox"/> Comment: |
| Is the program billing for BH services?  | Yes <input type="checkbox"/> No <input type="checkbox"/> Comment: |
| Are Providers expected to enter CPT codes?   | Yes <input type="checkbox"/> No <input type="checkbox"/> Comment: |

**Start-Up, Manager Utilities and Reports**

|   |   |
|---|---|
| Will the implementation be done in phases? If so, how? By select Providers? Select functionality?   | Yes <input type="checkbox"/> No <input type="checkbox"/> Comment: |
| Who will be the BH Clinical Application Coordinator (CAC) and/or Super-user?  |   |
| Who will determine the default site parameters? (BHS v3.0 Manager Utilities Menu)   |   |
| Who will determine the allocation of security keys that control certain functions? (To be done with assistance of the RPMS Site Manager.) |   |
| Who should run reports? (BHS v3.0 Reports Menu)   |   |
| Who will be responsible for monthly exports of BH data to the Area? (BHS v3.0 Manager Utilities Menu; this activity                       |   |

**RPMS Behavioral Health GUI (Patient Chart)**  
**Pre-Implementation Guide**  
**Business Process and Clinical Issues**

|   |  |
|---|--|
| should be coordinated with the RPMS Site Manager or Area contact.)  |  |
| Who will be responsible for set-up when new Providers are hired? (To be done with assistance of the RPMS Site Manager.) |  |

**RPMS Behavioral Health GUI (Patient Chart)**  
**Pre-Implementation Guide**  
**Business Process and Clinical Issues**

**Application Functions**

|   |  |
|---|--|
| <b>Patient Information Tab</b> – Will the Designated Provider, Personal History Factors, and Patient Flag fields be used for case management?                                     | <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Comment:</b> |
| <b>Visit Types</b> – Which type of Visits will be used?   |  |
| <b>Intake Visit Type</b> – Are Providers required to do an Intake? Does the BH program have a standard paper-based intake document?   | <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Comment:</b> |
| <b>Case Status</b> – Are Providers required to Open, Admit and Close cases for each client?   | <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Comment:</b> |
| <b>Treatment Planning</b> – Are Providers required to develop treatment plans for each client? Does the BH program use a paper-based treatment planning tool?                     | <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Comment:</b> |
| <b>Group Entry</b> – Are group and/or family sessions conducted? Are there any support staff that need to record non-clinical group activities e.g. recreation or transportation? | <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Comment:</b> |
| <b>Administrative Entry</b> – Are Providers required to record non-direct Client activities such as education/training received, committee work, etc?                             | <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Comment:</b> |
| <b>Suicide Reporting Form</b> – Is data collected on acute incidents of suicide only or is historical information also captured?  |  |

**RPMS Behavioral Health GUI (Patient Chart)**  
**Pre-Implementation Guide**  
**Business Process and Clinical Issues**

| <b>Other Patient Chart Tabs</b>  |                                 |                          |              |                          |                 |                          |                       |                          |
|--|---------------------------------|--------------------------|--------------|--------------------------|-----------------|--------------------------|-----------------------|--------------------------|
| Not all Providers or staff members need to have access to the other tabs in Patient Chart. Access to these tabs (RPMS applications) can be restricted by de-allocating the security keys associated with these tabs. |                                 |                          |              |                          |                 |                          |                       |                          |
| <b>Providers/Staff Member</b><br>(Add as many rows as needed)  | <b>Check Tabs to be Removed</b> |                          |              |                          |                 |                          |                       |                          |
|  | <b>Prob</b>                     | <input type="checkbox"/> | <b>Meds</b>  | <input type="checkbox"/> | <b>Educ</b>     | <input type="checkbox"/> | <b>Meas</b>           | <input type="checkbox"/> |
|  | <b>Xray</b>                     | <input type="checkbox"/> | <b>Appts</b> | <input type="checkbox"/> | <b>POVs</b>     | <input type="checkbox"/> | <b>TelNet</b>         | <input type="checkbox"/> |
|  | <b>Hlth Sum</b>                 | <input type="checkbox"/> | <b>Labs</b>  | <input type="checkbox"/> | <b>Specials</b> | <input type="checkbox"/> | <b>Women's Health</b> | <input type="checkbox"/> |
|  | <b>Prob</b>                     | <input type="checkbox"/> | <b>Meds</b>  | <input type="checkbox"/> | <b>Educ</b>     | <input type="checkbox"/> | <b>Meas</b>           | <input type="checkbox"/> |
|  | <b>Xray</b>                     | <input type="checkbox"/> | <b>Appts</b> | <input type="checkbox"/> | <b>POVs</b>     | <input type="checkbox"/> | <b>TelNet</b>         | <input type="checkbox"/> |
|  | <b>Hlth Sum</b>                 | <input type="checkbox"/> | <b>Labs</b>  | <input type="checkbox"/> | <b>Specials</b> | <input type="checkbox"/> | <b>Women's Health</b> | <input type="checkbox"/> |
|  | <b>Prob</b>                     | <input type="checkbox"/> | <b>Meds</b>  | <input type="checkbox"/> | <b>Educ</b>     | <input type="checkbox"/> | <b>Meas</b>           | <input type="checkbox"/> |
|  | <b>Xray</b>                     | <input type="checkbox"/> | <b>Appts</b> | <input type="checkbox"/> | <b>POVs</b>     | <input type="checkbox"/> | <b>TelNet</b>         | <input type="checkbox"/> |
|  | <b>Hlth Sum</b>                 | <input type="checkbox"/> | <b>Labs</b>  | <input type="checkbox"/> | <b>Specials</b> | <input type="checkbox"/> | <b>Women's Health</b> | <input type="checkbox"/> |
|  | <b>Prob</b>                     | <input type="checkbox"/> | <b>Meds</b>  | <input type="checkbox"/> | <b>Educ</b>     | <input type="checkbox"/> | <b>Meas</b>           | <input type="checkbox"/> |
|  | <b>Xray</b>                     | <input type="checkbox"/> | <b>Appts</b> | <input type="checkbox"/> | <b>POVs</b>     | <input type="checkbox"/> | <b>TelNet</b>         | <input type="checkbox"/> |
|  | <b>Hlth Sum</b>                 | <input type="checkbox"/> | <b>Labs</b>  | <input type="checkbox"/> | <b>Specials</b> | <input type="checkbox"/> | <b>Women's Health</b> | <input type="checkbox"/> |
|  | <b>Prob</b>                     | <input type="checkbox"/> | <b>Meds</b>  | <input type="checkbox"/> | <b>Educ</b>     | <input type="checkbox"/> | <b>Meas</b>           | <input type="checkbox"/> |
|  | <b>Xray</b>                     | <input type="checkbox"/> | <b>Appts</b> | <input type="checkbox"/> | <b>POVs</b>     | <input type="checkbox"/> | <b>TelNet</b>         | <input type="checkbox"/> |
|  | <b>Hlth Sum</b>                 | <input type="checkbox"/> | <b>Labs</b>  | <input type="checkbox"/> | <b>Specials</b> | <input type="checkbox"/> | <b>Women's Health</b> | <input type="checkbox"/> |

**Please return completed form to:**  
**B J Bruning, BH User Support**  
**ITSC, Indian Health Services**  
**5300 Homestead NE**  
**Albuquerque, NM 87110**  
**(505) 248-4901**  
**(505) 248-4199 fax**